

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration
Submitted
With Initial
Filing

☐ Declaration
Submitted after
Initial Filing
(surcharge 37 CFR
1.16 (e) required)

OR

Attorney Docket Number **8324-2**First Named Inventor **Andreas MELZER**

COMPLETE IF KNOWN

Application Number

Filing Date **June 1, 2005**

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VESSEL FILTER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **12/12/2003** as United States Application Number or PCT InternationalApplication Number **PCT/DE2003/004199** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
102 58 708.6	DE	12/12/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:			
<input checked="" type="checkbox"/> Customer Number		30565	Place Customer Number Bar Code Label Here
OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number Bar Code Label			
30565		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Andreas		MELZER	
Inventor's Signature			Date
Residence	City	State	Country
	Mülheim an der Ruhr		Germany
Post Office Address	Föhrenkamp 35c		
Post Office Address			
City	State	ZIP	Country
	45481 Mülheim an der Ruhr		Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the __1__ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
Gregor						SCHAEFERS					
Inventor's Signature								Date			
Residence	City	Bottrop		State		Country	Germany		Citizenship	German	
Post Office Address		Schützenstrasse 62									
Post Office Address											
City		456236 Bottrop		State		ZIP		Country	Germany		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature								Date			
Residence	City			State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		ZIP		Country			
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature								Date			
Residence	City			State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		ZIP		Country			